DOCUMENT RESUME

ED 045 215 PS 004 199

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| TITLE | Demonstration Nursery Center for Infants and Toddlers, Greensboro, North Carolina: A Model Day Care Center for Children Under 3 Years Old. Model Programs--Childhood Education. |
| INSTITUTION | American Institutes for Research, Palo Alto, Calif. |
| SPONS AGENCY | National Center for Educational Communication (DHEW/OE), Washington, D.C.; Office of Economic Opportunity, Washington, D.C. |
| REPORT NO | OE-20138 |
| PUB DATE | 70 |
| NOTE | 19p.; Booklet is one in a series of 34 descriptive booklets on childhood education programs prepared for the White House Conference on Children, December, 1970 |
| AVAILABLE FROM | Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (HE 5.220:20138, $0.20) |
| EDRS PRICE | EDRS Price MF-$0.25 HC Not Available from EDRS. |
| DESCRIPTORS | *Child Care, *Day Care Programs, *Day Care Services, Family Environment, Infants, *Nursery Schools, Pamphlets, Parent Teacher Conferences, Play, *Preschool Programs, Program Descriptions, Subprofessionals, Testing |
| IDENTIFIERS | University of North Carolina Infant Care Project |

ABSTRACT

The Demonstration Nursery Center for Infants and Toddlers was established in 1967 to create a quality day care program that could be replicated elsewhere, to define the components of quality care for infants and to help the State of North Carolina develop standards for infant care. The Center models itself on a well-functioning home environment and no attempt is made to accelerate cognitive or motor development; but the staff members strive to provide a warm, healthy, and stimulating environment for each of the 30 children in the program, ranging in age from 2 1/2 months to 3 years. Sources of more detailed information are provided for this program, specifically, and for Model Programs Childhood Education, in general. (Author/WY)

U. S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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OE-20138

# Model Programs

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## Childhood Education

**Demonstration Nursery Center for Infants and Toddlers**

Greensboro, North Carolina

*A model day care center for children under 3 years old*

**U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE**
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**Office of Education**
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**OFFICE OF ECONOMIC OPPORTUNITY**
Donald Rumsfeld, *Director*

Superintendent of Documents Catalog No. HE 5.220:20138

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON: 1970

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 20 cents

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## FOREWORD

This booklet is one of 34 in a series of promising programs on childhood education prepared for the White House Conference on Children, December 1970. The series was written under contract by the American Institutes for Research for the Office of Economic Opportunity, and the Office of Child Development and the Office of Education, U.S. Department of Health, Education, and Welfare.

Within the broad area of childhood education the series includes descriptions of programs on reading and language development, the disadvantaged, preschool education, and special education. In describing a program, each booklet provides details about the purpose; the children reached; specific materials, facilities, and staff involved; and other special features such as community services, parental involvement, and finances. Sources of further information on the programs are also provided.

Can children under age 3 thrive in group care? The University of North Carolina's Infant Care Project is using the Demonstration Nursery Center in Greensboro to answer this question and the related questions: Is individualized care possible in a group setting? Can a group situation allow adequate health protection, constructive social relationships, and appropriate intellectual stimulation? Similar questions are being asked by working mothers all over the United States. A Federal Government survey has shown that over 3.5 million mothers of children under age 6 are in the labor force in this country. Licensed facilities for children under 3 years old are difficult, if not impossible, for these mothers to find. Working mothers need a day care center where they can leave their children with confidence, knowing that the children will receive the best possible care during the day.

## QUALITY DAY CARE NEED EVIDENT

In 1964 the State Department of Social Services made a grant to the University of North Carolina to study the problem of day care for infants and toddlers in Guilford County, North Carolina. The university asked Dr. Mary Elizabeth Keister, the present director of the Demonstration Project, to conduct this study. In a survey of Guilford County, researchers learned that 26 percent of the white babies and 30 percent of the nonwhite babies under age 3

were being cared for by someone other than their mothers during the day. A proposal for the establishment of a model day care center in Greensboro was submitted to the Children's Bureau of the U.S. Department of Health, Education, and Welfare. In January 1967 the Center was funded to create a quality day care program that could be replicated elsewhere, to define the components of quality care for infants, and to help the State of North Carolina develop standards for infant care.



## THE LOCALE

Greensboro is a small city with a population of about 150,000, 75 percent white and 25 percent nonwhite. The 30 children enrolled in the Center come primarily from families on the staffs and faculties of the five universities and colleges in Greensboro. This population was selected because these families were unlikely to leave the area. Recently the Center has also enrolled a few children from families in the wider city community. None of the children come from homes that could be considered deprived. Fifty percent of the children are white and 50 percent are nonwhite. The nonwhite group includes blacks, Indians, and Arabs. English is the first language of all the children, but many of the families also speak Arabic, French, or Spanish. There are only two

single-parent families in the group, but all the children have working mothers.

## CENTER MODELED ON THE HOME

The Demonstration Nursery Center models itself on a well-functioning home environment to provide care that is at least equal to the care a baby would receive if he were at home with his mother. No attempt is made to accelerate cognitive or motor development; but the staff members strive to provide a warm, healthy, and stimulating environment for each of the 30 children in the program, ranging in age from 2 1/2 months to 3 years. The Center modifies each child's care to fit his parents' preferences and practices. When a baby is enrolled in the Center, a "cue card" is prepared to guide the baby's "caregiver" in his habits and needs. Every child receives a great deal of individual attention from his primary caregiver. For example, each baby is held for bottle feeding; babies in high chairs are fed one or two at a time. In every case, before a baby is fed, the other babies in the room are made comfortable and are provided with a diversion. Toilet training is highly individual and is not begun until parents agree with staff members that the child is ready.

All the children spend their days in small groups. No more than five children under 18 months of age are cared for in one room by one nursery assistant. The adult-to-child ratio for the 2-year-olds is maintained at 1 to 6, and for the 3-year-olds, 1 to 10. Babies are never left in a room without an adult.

Staff members are encouraged to talk to the children and to make positive statements to them whenever possible ("Play over here" rather than "No, don't play over there."). The caregivers are asked to correct the children face-to-face at a close range rather than merely call to them from a distance.



## FACILITIES AND STAFF

The Nursery Center is currently housed in one wing of a church, although it will move to a new location on the University of North Carolina campus in January 1971. Each room used for children under 3 is connected with toilet facilities and equipped with a sink. All rooms are spacious, well lighted, and easy to clean. They have cribs or cots at appropriate age levels, tables and chairs, play pens, wall decorations, and toys and games. The church has a kitchen which is used by the Center during the week. Space next to the church has been acquired for a playground and is equipped with sand boxes and climbing equipment.

The Center uses a diaper service to provide diapers for the children during the day. Parents bring enough other clothing to include emergency changes. Parents of babies on bottles bring enough bottles of formula to last the day. The Center has groceries delivered by a local store, providing commercial baby foods for the infants and snacks and lunches for toddlers, staff, and the parents who occasionally eat lunch at the Center when they have a conference with a staff member.

The Director of the Nursery Center, Mrs. Aurelia Mazyck, is a psychologist with a master's degree. Children under 3 years old are cared for by seven nursery assistants, each of whom has at least a high school education, and the desire and ability to increase her knowledge of child care. Each has children of her own and cares for the age group she enjoys the most. The 3-year-olds are cared for by a graduate assistant and are taught four mornings a week by a head teacher with a master's degree. The Center's staff also includes a full-time nurse with pediatric experience, a cook, a part-time janitor, a consulting pediatrician who is on call during the day, and a nutritionist who examines the Center's menus periodically. A social worker is available to consult with parents and staff if necessary. All members of the staff must be



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in good health, have a strong interest in children, and have good speech habits for the children to imitate.

Because the Center is open 50 weeks a year, most of the training the paraprofessional staff receives is inservice and takes place in informal discussions during lunches and breaks. In addition, 4 days of staff workshops in child management and discipline are held during Labor Day week.

## 6 CHILDREN LEARN THROUGH PLAY

At the Center, the children under 3 participate in free-play activities when they are not eating or napping. No conscious effort is made to teach them. All the toys usually found in a middle-class home--cradle gyms, rattles, pull toys, puzzles, tricycles, blocks, nesting bowls, books, and records--are available. In addition, staff members bring from their homes boxes, cans, scraps of cloth, dishpans, and other similar objects which children like to play with. Balloons, posters, and pictures are hung on the walls.

Children in the 3-year-old group also engage in more structured activities such as taking field trips, listening to music, playing

with manipulative table games, making butter or jello, or growing plants.

The staff of the Center tries to provide quiet and privacy for children when they need it, such as putting partitions around cribs or using shelves and boxes to set off a corner of the room. The room for 2-year-olds contains a play pen which the children crawl into when they want to be alone with a book or toy. The other children respect this indication of a child's wish for privacy and will not bother him while he is in the play pen.



## STAFF AND CHILDREN ENJOY EACH OTHER

All the staff members at the Center, including the cook and the janitor, enjoy working with children. They often discuss the children during their lunches and breaks, as well as before and after work, and consult each other for new ideas or about any problems. The janitor spends time with the children and allows them to examine his cleaning equipment and push his broom. Since each child has the same caregivers each day, he has the sense of security young children need. In the morning, a toddler will walk alone to his room and greet his caregivers while his parent talks in the hall with a staff member. One mother wrote, "There cannot be a nicer feeling than to have your child run eagerly into the

nursery each morning. You know that the days must be good ones for her." There has been very little change in personnel since the Center began. The six children who have been at the Center since they were babies have come to know and trust all the personnel at the Center, and older children who have "outgrown" the Center occasionally visit their favorite staff members or telephone them.



## CHILDREN CHANGE GROUPS AS THEY DEVELOP

The 30 children in the Center are divided into five groups according to their ages and physical and social development. In the first group, located in the "Rocking Chair Room," are infants who range in age from 2 1/2 months to 9 months. Infants who can crawl, pull themselves to a standing position, and feed themselves are moved to the second group in the "High Chair Room" when an opening occurs. Infants in this second group are usually between 10 and 18 months old. They remain in this group until they can walk with good balance, feed themselves well, and take only one nap a day. Toddlers comprise the third group, where they begin toilet training and are learning to talk and follow directions. They are moved into the 2-year-old group when they have nearly completed toilet training and are becoming aggressive. The 2-year-olds are not moved into the 3-year-old group until they are

able to share with other children, join in group activities without pushing or biting, and sit still willingly during meals. The children in the 3-year-old group are thus well-adjusted to group activities and can participate in a more structured program.

Children are moved from one group to the next very gradually, so that they have time to adjust to their new companions and new nursery assistant or teacher. The children may begin the move by eating lunch or snacks with the new group and participating in certain play activities. At the same time, the caregivers involved have a series of conferences about the child, his habits, likes and dislikes, and any special problems he may encounter. When the child is fully adjusted to the new group, he moves permanently.



## DAILY DISCUSSIONS WITH PARENTS

At least one of a child's parents visits the Center twice a day, to bring the child in the morning and pick him up in the evening. These opportunities are used for the caregiver to discuss the child with the parent. Parents are expected to advise the Center in the morning if the child has been given medication, has behaved unusually, or has had an exciting or upsetting experience. The Center will tell the parent in the evening if the child

has been exposed to a communicable disease, has exhibited unusual behavior, or has been introduced to a new routine. In addition, the parent may look at his child's Daily Care Record, which is kept by the primary caregiver and records feedings, diaper changes, sleep, activities during the day, and any milestones of development, such as a new word learned or a first step taken. Longer discussions between staff members and parents are scheduled whenever parents or staff feel such a meeting would be beneficial.

10 **SPECIAL HEALTH PRECAUTIONS**

The Center makes a special effort to ensure that group care does not damage the health of the children, especially the infants. Children must have a doctor's certificate of good health before they enter the Center for the first time. Each child is then examined regularly by the consulting pediatrician. Infants are examined quarterly until they reach 12 months of age and are examined semiannually thereafter. Each staff member must also present a doctor's report of good health and a chest X-ray report every year. Staff members with respiratory infections or gastrointestinal disorders are not allowed to come into contact with the children. Visitors observe the children through windows from the hall and may not enter the children's rooms.

The Center maintains a "Sick Bay" for children with minor illnesses, and parents are asked to report any symptoms they observe so that illnesses can be recognized and cared for in the early stages. Children with major illnesses must remain at home until the pediatric consultant states that they may return. In addition, the child's nursery assistant keeps a daily health record for him. On this record she notes any symptoms she observes, no matter how small. She has spaces to check such observations as "sniffles, insect bite, diaper rash, droopy, irritable" as well as space for any remarks she may wish to make. The Center uses this as a record of the child's health. The nurse is available to check any child the caregiver is concerned about. In addition, she has an opportunity to see the children when she fills in for a caregiver who is taking her break or eating her lunch. No medication is given to the children unless it is prescribed by a child's own physician.



Staff members wear fresh uniforms every day. Personnel who care for infants wear clean nursing gowns over their uniforms, one gown for each infant they care for. The gown is kept by the infant's crib and is worn by the caregiver whenever she feeds or diapers him. Staff members wash their hands after each diapering and before each feeding. They encourage the children to wash

their hands whenever necessary. All the eating utensils in the Center are disposable, used only once and then thrown away.

## TESTS SHOW CHILDREN THRIVE

The Center maintains records of a control group of 30 children who are cared for by their mothers in their homes. The families of these children were selected from the same staff and faculty population as the experimental group. The controls are matched by age, sex, race, education, and (where possible) birth order with the children in the Center. The Center's data are taken from the 14 best-matched pairs. These 28 children were matched by the research director, who had never seen them.



One criticism of day care for children under age 3 has been that it weakens the mother-child relationship and thus results in emotional damage in the child. The research staff did not attempt to measure the children's attachment to their mothers because there are no consistent standards for behaviors that indicate healthy attachment. Some persons consider it healthy for a child to cry when he is separated from his mother; others consider it a sign of overdependency. Because of this controversy, the researchers measured aspects of behavior on which there is agreement about desirability, and which are reported to be adversely

affected by group care. Data were collected on the children's physical, motor, mental, and social development and their physical health to determine whether or not the children in the Center are developing normally and are receiving care of the quality children receive in good homes. The children were tested with the Bayley Infant Scales of Development and/or the Stanford-Binet IQ Test to determine mental and motor development. The Preschool Attainment Record and the Vineland Social Maturity Scale were used to determine social development. All the children were tested in their own homes by trained testers; their mothers were present during the testing. Data on the home children's physical health were collected from the consulting pediatrician's regular physical examinations and by random telephone calls to the children's mothers asking about illnesses, sleep disturbances, and any indications of physical problems.

The tests revealed that there are no significant differences between the home children and the Center children except that the children in the Center appear to have had a slightly higher incidence of diaper rash and colds or sniffles. The data thus indicate that the children in the Center have developed normally and have not been damaged by their experience in group care. There are some indications that the children in the Center are

encouraged to begin certain activities early because of their exposure to older children. The 2-year-olds ride tricycles without difficulty and feed themselves neatly. The younger children are also eager to begin toilet training. The Center children appear to be less afraid of strangers or new situations than children raised at home and more skilled in relating to other children.

The staff at the Nursery Center and the research staff answer the question, "Can children under age 3 thrive in group care?" with a conditional "Yes." Children can thrive if warm individualized care of a certain quality is given them. No broad assumptions about the desirability of group care should be made from the project's data.



This year, the project will begin its second phase, which will focus on producing training materials relating to infant and toddler care. A comparison of Center children with children who receive day care in private homes will also begin this year.

**COSTS** The annual cost of the Demonstration Project is $170,000. The Federal Government provides $150,000 and the State, $20,000. Dr. Keister estimates that, if no research were done, the cost of

the project would be $45 a week per child. In addition, if careful economies were made (such as using food stamps, surplus foods, having the nurse cover more than one center, using a public health nurse, or obtaining rent-free quarters) the cost could be lowered to $38 a week per child. At the Demonstration Nursery Center, parents pay from $1 to $15 a week, depending on the family income.

## FOR FURTHER INFORMATION



For a more detailed description of the program, refer to *The Good Life for Infants and Toddlers* by Mary Elizabeth Keister, copies of which may be ordered from the Publications Department, National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009, at $1.50 a copy.

Or to arrange for a visit, contact

Dr. Mary Elizabeth Keister
Infant Care Project
University of North Carolina at Greensboro
Greensboro, North Carolina 27412

Requests for a visit should be made at least a week in advance.

U. S. GOVERNMENT PRINTING OFFICE : 1970 O - 409-600

MODEL PROGRAMS--Childhood Education

This is one in a series of 34 descriptive booklets on childhood education programs prepared for the White House Conference on Children, December 1970. Following is a list of the programs and their locations:

The Day Nursery Assn. of Cleveland, Ohio
Neighborhood House Child Care Services, Seattle, Wash.
Behavior Analysis Model of a Follow Through Program, Oraibi, Ariz.
Cross-Cultural Family Center, San Francisco, Calif.
NRO Migrant Child Development Center, Pasco, Wash.
Bilingual Early Childhood Program, San Antonio, Tex.
Santa Monica Children's Centers, Calif.
Exemplary Center for Reading Instruction, Salt Lake City, Utah
Dubnoff School for Educational Therapy, North Hollywood, Calif.
Demonstration Nursery Center for Infants and Toddlers, Greensboro, N.C.
Responsive Environment Model of a Follow Through Program, Goldsboro, N.C.
Center for Early Development and Education, Little Rock, Ark.
DOVACK, Monticello, Fla.
Perceptual Development Center Program, Natchez, Miss.
Appalachia Preschool Education Program, Charleston, W. Va.
Foster Grandparent Program, Nashville, Tenn.
Hartford Early Childhood Program, Conn.
Philadelphia Teacher Center, Pa.
Cognitively Oriented Curriculum, Ypsilanti, Mich.
Mothers' Training Program, Urbana, Ill.
The Micro-Social Preschool Learning System, Vineland, N.J.
Project PLAN, Parkersburg, W. Va.
Interdependent Learner Model of a Follow Through Program, New York, N.Y.
San Jose Police Youth Protection Unit, Calif.
Model Observation Kindergarten, Amherst, Mass.
Boston Public Schools Learning Laboratories, Mass.
Martin Luther King Family Center, Chicago, Ill.
Behavior Principles Structural Model of a Follow Through Program, Dayton, Ohio
University of Hawaii Preschool Language Curriculum, Honolulu, Hawaii
Springfield Avenue Community School, Newark, N.J.
Corrective Reading Program, Wichita, Kans.
New Schools Exchange, Santa Barbara, Calif.
Tacoma Public Schools Early Childhood Program, Wash.
Community Cooperative Nursery School, Menlo Park, Calif.